BEA'S PLAN B

AFTERSCHOOL GROUP

INFECTION CONTROL POLICY

Policy

The protection and welfare of the children in our service is paramount, and the children's safety and wellbeing are the priority.
Bea´s Plan B is committed to providing a safe environment where children can learn and develop. We aim to protect all children and persons attending and working in our service from the transmission of infections.

The health and well-being of all children and visitors to our service is paramount and our aim is to prevent and manage any infection which may present in our service. When a child starts with Bea´s Plan B, the parents/guardians of the child will receive a copy of this policy.

This policy will be available in the premises and website, as well as communicated to all parents, guardians and school age children.

All families will sign a parental agreement which states they agree to our Infection Control Policy. All future staff will receive ongoing training in infection management and use their learning to support children in practising infection control through our different measures and systems in place.

Infection can lead to serious ill health among infants and young children. Infection control procedures seek to reduce the risk of children getting sick in a service by ensuring good hygiene practices are followed and the risk of infection is minimised.

This policy will be reviewed in line with new guidelines issued by HPSC and Tusla.

Prevention and Infection Control Measures:

Immunisation

- ➢ On enrolment, parents are asked for their child's immunisation record. This information is recorded on the child's registration form
- ➢ Parents/guardians of children who are not immunised are made aware of the dangers of infectious diseases.
- ➢ Parents are encouraged to keep up to date with current vaccination requirements and to ensure that the service is kept informed, and the child's records updated as required.
- ➢ Parents/guardians are not required to have their children immunised to gain admission to the service but where a child's immunisation record is not up-to-date parents/guardians are encouraged to have their child vaccinated.
- ➢ If a child is not immunised, parents/guardians are advised that their children may be excluded from the service during outbreaks of some vaccine preventable diseases such as Measles, Whooping Cough etc, even if their child is well. This is to protect their non-immunised child.

Risk Assessments

Risk assessments are undertaken by staff to assess if actions or environments pose risk to children and staff from an infection control standpoint. Actions are implemented to eliminate or reduce the risk identified through continuous risk assessment.

Handwashing

- ➢ Posters outlining correct hand washing procedures are available at wash hand basins for adults and children.
- ➢ Bea´s Plan B has a Hand Washing policy in place which we all promote and model for children.
- ➢ Warm running water is available for hand washing at a temperature no greater than 43°C at children's wash hand basins.
- ➢ Soap is used when hand washing.
- ➢ Hand drying facilities are available e.g., disposable paper towels.
- ➢ We endeavour to supervise children's hand washing and hand drying.

Hand washing will take place at the following times:

- ➢ Staff will hand wash on arrival to the centre and children will hand wash on arrival to the room.
- ➢ Before and after preparing food, snacks and drinks.
- ➢ Before and after eating or handling food
- ➢ Before and after administering medication. Gloves will be worn to administer any medical ointment.
- ➢ After toilet use.
- ➢ After coming in contact with bodily fluid.
- ➢ After being outdoors.
- ➢ After handling rubbish.

Food Preparation

Our chefs follow strict systems in line with the FSAI and HACCP guidelines.
We will follow a Healthy Eating style with the additional steps outlined below.

- ➢ We all must wash their hands before and after preparing and serving food.
- ➢ Gloves are to be worn if there are any cuts or abrasions on hands.
- ➢ Any perishable food left at room temperature for more than 2 hours will be discarded safely.
- ➢ Any leftover food will be properly disposed of.

Cleaning of Equipment and the Premises

Cleaning schedules have been reviewed in line with the HPSC guidance and 'The Management of Infectious Disease in Childcare Facilities and Other Childcare Settings'.

We follow a strict and effective cleaning schedule to minimise the risk of infection. We use appropriate sanitisers and disinfectants that are recommended for a childcare setting. We clean our facility daily out of work hours.
While we also try to:

- ➢ Maintaining high standards of hygiene.
- ➢ Best practice regarding keeping the environment and premises clean and safe.
- ➢ Spillages of blood, faeces, urine, vomit or other bodily fluids or excretions are cleaned immediately using PPE.
- ➢ Daily, weekly, and monthly cleaning schedules are in place.
- ➢ We rely on the building management for bin removal and disposal of all waste.
- ➢ Our premises are free from pests and rodents
- ➢ We maintain a sufficient stock of cleaning products and cleaning equipment (e.g., clean cloths, gloves, aprons, mops, buckets, and detergents) to ensure that good hygiene practices can be carried out at all times.
- ➢ Cleaning products and supplies are stored in a locked press that is not accessible to children.
- ➢ Crockery and cutlery are sterilised in a dishwasher on the highest cleaning cycle. A dishwasher tablet is also used during this cycle to ensure maximum cleaning and sanitising.

- ➢ Learning materials are cleaned frequently.
- ➢ Toilets, floors, shelves, tables and chairs and other areas are cleaned daily or as required to help decrease the spread of infection.
- ➢ Mops for general floor washing will be washed in a 90-degree wash and will be left to dry. They are replaced regularly.
- ➢ At least once a day, even in winter, all rooms in the service are aired out.

Equipment

Children's books and art materials are not considered high-risk for transmission of infection and do not need additional cleaning or sanitising. We will continue to follow our normal cleaning schedule for these items.

Illness

If a child is unwell, Bea´s Plan B requests that the child is kept at home if they are unable to participate in normal activities and/or if they may be at risk of passing the infection to another child or adult in the service.

If a child becomes ill while in the group, we request that the child's parent/guardian or person authorised to collect will collect the child within a reasonable time frame from when they receive the call.

If we cannot contact the parents/guardians/emergency contact for a child, it may be necessary to transfer the child to hospital via ambulance depending on the severity of their symptoms.
Unwell children, with a temperature and/or specific signs and symptoms, will be excluded from the service until a diagnosis can be made. Staff can and will use their discretion when admitting a child back into the service. If they believe the child is still ill and cannot take part in their normal activities, they will request that the parent/guardian keeps the child at home.

Children must remain at home for at least 48 hours following the last episode of diarrhoea/vomiting, and only return to Bea´s Plan B when they have fully recovered. The exclusion notes in Management of Infectious Disease in Childcare Facilities and Other Childcare Settings are followed.

An email informing all parent/guardian/carers of an infectious disease outbreak/incidence will be sent and a notice will be displayed in a prominent place and all parent/guardian/carers will also be verbally informed.

Parents must fill in a declaration form on returning to the group after being sick with a notifiable infectious disease to state they have followed all medical and public health guidance they have received with respect to exclusion of the child/staff from the centre.

Head louse infestation is a contagious condition, and if noticed in our service will be brought to the attention of all parents/guardians/carers. Children with lice infestation will be collected within a reasonable time frame and brought home to be treated prior to returning to the centre.

Coughing /Sneezing

We will teach children to cough/ sneeze into their elbow. We will teach the children to dispose of their used tissue away into a closed bin and wash their hands.

Notifiable Diseases

A notifiable disease is any disease that is required by law to be reported to government authorities. The list for notifiable diseases is available on www.hpsc.ie/notifiablediseases.

When we are informed of a diagnosis by the HPSC, or a parent/guardian of a child attending the service, or another person working in the service, the following procedure will be followed.

1. The parent will be asked if their GP has reported the notifiable disease to the HPSC. If the parent is unsure of this, the Centre Manager will inform the parent that they will be contacting the Medical Officer for the child's residential region for clarification around the illness.
2. The parent will be informed that due to the seriousness of this illness, we are obliged to ask them to provide us with a letter from their GP stating what exactly the child is suffering from.
3. The HPSC will advise us on what action needs to be taken in the centre. If further information is required for families, this will be provided by the Medical Officer and issued by management to our parents.
4. Management will inform all families of the notifiable disease. An information leaflet is to be given to them and a record taken of everyone who has been informed and by whom.
5. The Manager will ring any families who may be absent or on holidays; informing them about the situation (this is only necessary if their child could have been in contact with the ill child during the infectious/contagious period of the illness).
6. A deep clean will be carried out in the rooms using a product that will eliminate bacteria.
7. Tusla must be notified, through submission of a Notification of Incident Form, within 3 days of a breakout of a notifiable disease within any centre.

Exclusion Periods

These are the minimum exclusion periods as recommended by the HSE. We may impose longer periods if we have a concern:

- ➢ Chickenpox: Until scabs are dry; this is usually 5-7 days after the appearance of the rash.
- ➢ Conjunctivitis: Exclusion of affected children until they recover, or until they have had antibiotics for 48 hours.
- ➢ Diarrhoea: 48 hours from last episode.
- ➢ Diphtheria: Very specific exclusion criteria apply and will be advised by the Department of Public Health.
- ➢ Food poisoning: Until authorised by GP.
- ➢ Glandular Fever: Exclusion is not necessary.
- ➢ Haemophilus Influenzae Type B: (Hib) Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
- ➢ Hand, Foot and Mouth Disease: While the child is unwell, he/she should be kept away from service. If evidence exists of transmission within the centre, exclusion of children until the spots have gone from their hands may be necessary. ,
- ➢ Head Lice: Exclusion is not necessary [if treated]
- ➢ Hepatitis A: (Yellow Jaundice, Infectious Hepatitis): Recommended while the child feels unwell, or until 7 days after onset of jaundice, whichever is later.
- ➢ Hepatitis B (Serum Hepatitis) Children will be too ill to attend the service and families will be given specific advice about when their child is well enough to return.
- ➢ Impetigo: Until lesions are crusted and healed, or 24 hours after commencing antibiotics.
- ➢ Influenza and Influenza-like Illness: (Flu and ILI) Remain at home for 7 days from onset of symptoms. Children should not re-attend the service until they are feeling better, and their temperature has returned to normal.
- ➢ Living with HIV/AIDS: Exclusion is not necessary.
- ➢ Measles: Exclude the child while infectious i.e., up to 4 days after the rash appears.
- ➢ Meningitis: Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
- ➢ Meningococcal Disease: Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
- ➢ Molluscum Contagiosum: Exclusion is not necessary.
- ➢ MRSA: (Meticillin-Resistant Staphylococcus aureus) Children/infants known to carry staphylococcus aureus (including MRSA) on the skin or in the nose do not need to be excluded from the setting. Children who have draining wounds or skin sores producing pus will only need to be excluded from the service if the wounds cannot be covered or contained by a dressing and/or the dressing cannot be kept dry and intact.
- ➢ Mumps: The child should be excluded for 5 days after the onset of swelling.
- ➢ Pediculosis (lice): Until appropriate treatment has been given
- ➢ Pharyngitis/Tonsillitis: If the disease is known to be caused by a streptococcal (bacterial) infection, the child or member of staff should be kept away from the service until 24 hours after the start of treatment.

- Polio: Very specific exclusion criteria apply and will be advised by the Department of Public Health.
- Poliomyelitis: Until declared free from infection by GP.
- Pneumococcus: Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
- Respiratory Syncytial Virus: Children who have RSV should be excluded until they have no symptoms, and their temperature has returned to normal. Contacts do not need to be excluded.
- Ringworm: Children need not be excluded from service once they commence treatment.
- Rubella: For 7 days after onset of the rash and whilst unwell.
- Scabies: Not necessarily once treatment has commenced.
- Scarlet fever: Once a patient has been on antibiotic treatment for 24 hours they can return to the service, provided they feel well enough.
- Shingles: Until scabs are dry.
- Slapped Cheek Syndrome: An affected child need not be excluded because he/ she is no longer infectious by the time the rash occurs.
- Temperature: Over 38 degrees
- Tetanus: (Lockjaw) Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded.
- Tuberculosis (TB): Recommendations on exclusion depend on the particulars of each case, e.g., whether the case is “infectious” or not. The Department of Public Health will advise on each individual case.
- Typhoid and Paratyphoid: Very specific exclusion criteria apply; the local Department of Public Health will advise.
- Viral Meningitis: Children with the disease will usually be too ill to attend the Service. Contacts do not need to be excluded.
- Vomiting: 48 hours from last episode of vomiting
- Whooping Cough: (Pertussis) The child is likely to be too ill to attend the Service and should stay at home until he/she has had 5 days of antibiotic treatment or for 21 days from onset of illness if no antibiotic treatment.
- Worms: Exclusion is not necessary.
- Verrucae: Exclusion is not necessary.